

DECLARATION FOR UTILITY OR	Attorney Docket Num	ber 555255012307		
DESIGN	First Named Inventor	Herbert A. LITTLE		
PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number			
Declaration Declaration	Filing Date	March 6, 2002		
Submitted OR Submitted after Initial with Initial Filing (surcharge	Group Art Unit			
Filing (37 ČFR 1.16 (e)) required)	Examiner Name			

As a below named inventor, I h	ereby declare that:					
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first ar names are listed below) of the su	nd sole inventor (if only o ubject matter which is cla	ne name is listed below) imed and for which a pat	or an original, firs	st and joint inventor (if plural		
SYSTEM AND METHOD TRUST STATUS INDICA	FOR PROVIDING S					
the control of the co	(Title of	the Invention)				
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/YYYY		as United S	tataa Annliaation	Number of DOT Life (C.)		
	′	as Officed S	tates Application	Number or PCT International		
Application Number	and was	amended on (MM/DD/YY	YY)	(if applicable).		
I hereby state that I have reviewe amended by any amendment spe	d and understand the co cifically referred to abov	ntents of the above idente.	tified specification	n, including the claims, as		
PCT international filing date of the	e continuation-in-part app	valiable between the filing olication.	date of the prior			
patent, inventor's or plant breede application on which priority is cla	er's rights certificate(s).			pplication(s) for patent, inventor's nated at least one country other box, any foreign application for a filing date before that of the		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:		

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Labe			OR V Col	rrespondence address below			
David B. Cochran, Esq. Name							
Jones, Day, Reavis & Pogue							
Address North Point, 901 Lakeside Avenue							
Cleveland City		State	Ohio	44114-1190 ZIP			
USA Country Tel	(216) 5 ephone	86-39	39	(216) 579-0212 Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:	A petition h	as be	en filed for this un	signed inventor			
Given Name Herbert A. Given Name (first and middle [if any]) LITTLE Family Name or Surname							
Inventor's Heel a Liffle.				Date Mar 12002.			
Waterloo Residence: City	Ontar State	io	CANADA Country	Canadian Citizenship			
295 Phillip Street Mailing Address			,				
Waterloo City	Ontario State)	N2L 3W8	CANADA Country			
NAME OF SECOND INVENTOR:	A petition ha	s beei	n filed for this unsi	gned inventor			
Given Name Michael S. (first and middle [if any])			y Name BROWN				
Inventor's Michael S. Br. Mar 1, 2002. Date Mar 1, 2002.							
Heidelberg Residence: City	Ontario State		CANADA Country	Canadian Citizenship			
Mailing Address 295 Phillip Street							
Waterloo City	Ontario State	Z	N2L 3W8	CANADA Country			
Additional inventors are being named on the 1_su	pplemental Additi	onal Inv	ventor(s) sheet(s) PTO	/SB/02A attached hereto.			

PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

	Name of Additional Joint Inventor, if an	ny:			A petition has been f	iled for	this unsigned inventor	
ſ	Neil P.			\top			310 SILVER SILVE	
l	Given			١,	ADAMS	j		
L	Name				Family Name or Surname			
	Inventor's Neil Oclams						Date Man 1 2002	
	Waterloo	lOr	ntario	17	CANADA		Canadian & British	
Į.	Residence: City	Stat		- 1	Country		Citizenship	
-	295 Phillip Street Mailing Address				, out of		Спадензин	
4	Mailing Address							
	Waterloo City		itario		N2L 3W8		CANADA	
-	City	Stat	te		ZIP	Count		
time date that the fail the	Name of Additional Joint Inventor, if an	у:			A petition has been file	d for th	is unsigned inventor	
The first first	Given Name				Family Name or Surname			
	Inventor's Signature						Date	
L	Residence: City	Sta	ıte		Country Citizenship			
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_	Mailing Address							
F	City	Stat	te		ZIP	Countr	у	
L	Name of Additional Joint Inventor, if an	y:		<u></u>	A petition has been filed	for this	unsigned inventor	
•	Given Name				nily Name Surname		!	
	Inventor's Signature						Date	
F	Residence: City	State	<u>e</u>		Country		Citizenship	
F	Mailing Address							
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L	City	State)	,	ZIP	Co	untry	

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Herbert A. LITTLE
Title	SYSTEM AND METHOD FOR
Group Art Unit	
Examiner Name	
Attorney Docket Number	555255012307

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number. Place Customer Number Bar Code Label here Address Jones, Day, Reavis & Poque Address North Point, 901 Lakeside Avenue City City Cieveland State Ohio Zip 44114 Country USA Telephone (216) 586-3939 Fax (216) 579-0212 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mihal Lazaridis, President and Co-CEO, on bahalf of Research In Motion Limited Signature Date NOTE: Signatures of all/the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one/signature is required, see below*.	OR Practi	titioners at C itioner(s) na (rishna K. Pa	customer Number med below: Name athiyal, Esq. e attached sheet***		444	Registrati 35	Label he	Bar Code ere
The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Jones, Day, Reavis & Poque Address North Point, 901 Lakeside Avenue City Cleveland State Ohio Zip 44114 Country USA Telephone (216) 586-3939 Fax (216) 579-0212 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mihal Lazaridis, President and Co-CEO, on behalf of Research In Motion Limited Signature Date NOTE: Signatures of all/the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one/signature is required, see below*.								nsact all
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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Mihal Lazaridis, President and Co-CEO, on behalf of Research In Motion Limited Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. Total of 2 forms are submitted. (PTO/SB/81 (02-01) and "Supplemental Page Listing Additional Agents of Record)			(216) 586-3939		Fax	(216) 579-0	212	
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* SUPPLEMENTAL PAGE LISTING ADDITIONAL AGENTS OF RECORD

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